

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> <b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional) HO-P03173US0	
Application Number                      10/507,928-Conf. #6804		Filed    March 19, 2003	
For     IMIDAZOQUINOLINEAMINES A ADJUVANTS IN HIV DNA VACCINATION			
Art Unit                      1633		Examiner                      Popa, Ileana	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60                      \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225                      \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510                      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795                      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080                      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be deficient, or credit any overpayment, to Deposit Account Number                      06-2375                      .			
 I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number                      45,579			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
_____/Melissa L. Sistrunk/ Signature		_____ August 31, 2007 Date	
_____ Melissa L. Sistrunk Typed or printed name		_____ (713) 651-3735 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of                      1                      forms are submitted.			

<p style="text-align: center;"><b>One Month Request for Extension of Time Under 37 CFR 1.136(a)</b></p> <p>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).</p> <p>Dated: August 31, 2007                                      Electronic Signature for Melissa L. Sistrunk: /Melissa L. Sistrunk/</p>	
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